



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, ASB TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: 587-0460 FAX: 587-0470
 email: ethics@hawaiiethics.org

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STATE OF HAWAII
 STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Yamamoto	George	-	543-0051
MAILING ADDRESS (Street)			FAX
888 Mililani St. Ste. 601			550-8814
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
HGEA			543-0000
MAILING ADDRESS (Street)			FAX
888 Mililani St. Ste. 601			550-8814
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii Government Employees Association	543-0000
MAILING ADDRESS (Street)	FAX
888 Mililani St Ste 601	550-8814
(City)	(State)
Honolulu	HI
(Zip Code)	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
MAILING ADDRESS (Street)	FAX
(City)	(State)
(Zip Code)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

☒ Human ServicesScience, Technology &
Economic DevelopmentCommunications &
Public Utilities☒ Government Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

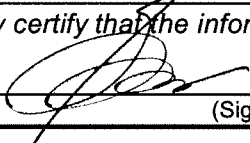
☒ Consumer Protection &
Commerce

Hawaiian Affairs

☒ Labor & Employment

Transportation

Culture, Arts, Historic
Preservation☒ HealthPlanning, Land & Water
Use ManagementOther: (indicate below)

_____☒ Ecology, Energy
Environmental Protection☒ Housing☒ Public Safety & Corrections**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

2/6/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Nora A. Nomura

Legislative Officer

NAME OF ORGANIZATION (if applicable)

Same as above

TELEPHONE

543-0003

MAILING ADDRESS (Street)

"

FAX

528-4059

(City)

(State)

(Zip Code)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

2/15/07

(Date)